

## APPLICATION FOR REACCREDITATION

### REACCREDITATION OF SPECIALTY CERTIFICATION PROGRAM FOR LAWYERS

Supreme Court of Ohio  
Commission on Certification of Attorneys as Specialists  
65 South Front Street, 5<sup>th</sup> Floor  
Columbus, Ohio 43215-3431  
[www.supremecourt.ohio.gov/Boards/certification/](http://www.supremecourt.ohio.gov/Boards/certification/)

Susan Christoff, Secretary  
Telephone: (614) 387-9327  
Fax: (614) 387-9329  
[christoff.susan@sc.ohio.gov](mailto:christoff.susan@sc.ohio.gov)

### GENERAL INSTRUCTIONS

The Applicant must submit a separate application and fee for each area in which it seeks reaccreditation. One original and five copies of each application should be submitted to the Commission. Please label enclosures and attachments as appendices and refer to them as such in your responses to the application. Only original applications made on this form will be accepted. Applications must be typed; handwritten applications will not be accepted.

**You must enclose the following:**

1. A check in the amount of \$600 for the Application fee. Checks should be made payable to: Supreme Court of Ohio. *This application fee is nonrefundable.*
2. A completed and signed Application for Reaccreditation (original and five copies).

Before mailing your Application for Reaccreditation, please be sure to enclose the following for those items that have changed since last reported in your previously filed applications or Annual Reporting Form:

1. Copy of your organization's charter, bylaws, resolutions or other like documents evidencing the existence of your organization. Include any resolution of your organization's governing body authorizing this application and authorizing the completion and submission by person making the application. If your organization is something other than a corporate entity, please provide the following: documents evidencing the existence of your organization, resolutions or other like documents.
2. Copy of a sample application (and accompanying documents) that attorneys must submit to your organization in order to become certified.
3. Completed Form 5 and a current curriculum vitae or resume for each member of the governing board, evaluation committee and staff of your organization.
4. Copy of the handbook, guide or manual that outlines the standards, policies, procedures, guide for self-study and application procedures for your organization.
5. Definition of the specialty in which the Applicant certifies specialists.
6. If the Applicant's specialty certification program has been approved by the American Bar Association, documents demonstrating ABA's approval and a copy of the Application submitted to the ABA to obtain that approval.

## **GENERAL INFORMATION**

### **A. APPLICANT ORGANIZATION PROFILE**

|                    |        |           |
|--------------------|--------|-----------|
| Organization Name: |        |           |
| Contact Person:    |        |           |
| Street Address:    |        |           |
| City:              | State: | Zip Code: |
| County:            |        |           |
| Telephone Number:  |        |           |
| Fax Number:        |        |           |
| E-Mail Address:    |        |           |
| Website:           |        |           |

|                         |
|-------------------------|
| Name of Specialty Area: |
|-------------------------|

|   |
|---|
| Date Initial Application for Accreditation Filed: |
|---|

|   |
|---|
| Date Prior Application for Reaccreditation Filed (if applicable): |
|---|

1. Organization's Mission Statement, Purpose and Goals if changed since initial accreditation or since previous application for reaccreditation.

|  |
|--|
|  |
|--|

2. How many years has your organization been in existence?

3. Is your organization a successor of another organization?      Yes       No

If yes, please explain:

|  |
|--|
|  |
|--|

4. What is the business structure of your organization? (*please check appropriate responses*)

- |   |  |
|---|--|
| <input type="checkbox"/> Not-For-Profit Corporation | <input type="checkbox"/> Association             |
| <input type="checkbox"/> For-Profit Corporation     | <input type="checkbox"/> Educational Institution |
| <input type="checkbox"/> Other, please explain:     |  |

|  |
|--|
|  |
|--|

**Please note:** Pursuant to Gov. Bar. R. XIV, Section 3 (H), a certifying agency shall be a not for profit organization. If your organization is a corporate entity, you must include a copy of the charter, bylaws or other like documents evidencing the existence of your organization. Also include any resolution of your organization's governing body authorizing the making of this application and granting of authority to the individual to complete and submit this application on behalf of the organization and to communicate with the Supreme Court of Ohio and the Commission on Certification of Attorneys as Specialists. If your organization is an unincorporated association or partnership, documentation of similar import shall be required as part of this application.

5. With respect to your Governing Board, Evaluation Committees and Staff<sup>1</sup> (see ASCP Std. 4.02(B)(3)), please answer the following for each item that has changed since last reported in your previously filed applications or Annual Reporting Form.

How many members are on your governing board?

How many members are on your evaluation committee?

Please attach a completed CCAS Form 5 for each member of the Governing Board, Evaluation Committee and Staff for whom you have not previously submitted a Form 5.

6. Since last reported in your previously filed applications or Annual Reporting Form, has your organization retained or hired a person or organization that has a background in evaluating the validity and reliability of written examinations?

Yes  No

If the answer to 6 is yes, how has this background been determined and verified?

7. Do you certify your specialist for a period not fewer than three years and not more than seven years?

Yes  No

8. Does your organization require, in order for an attorney to be certified or recertified as a specialist, each of the following:

- a. Substantial involvement by the attorney in the specialty field during the three year period immediately preceding application to your agency, measured by the type and number of cases or matters handled, the amount of time spent practicing in the specialty field, or other

---

<sup>1</sup> "Staff" is defined by Part I, Section 4, ¶4.02(B)(3) of the Standards established by this Commission. However, it is intended that the staff for which a CCAS Form 5 is to be provided will include the person(s) who are responsible for evaluating the validity and reliability of the written examinations and those administrative personnel who will ensure compliance with Gov. Bar R. VI, X and XIV.

appropriate criteria?

Certification: Yes  No   
Recertification Yes  No

- b. References from at least five (5) attorneys or judges who are familiar with the competence of the attorney and knowledgeable about the practice area, and who are not related to or engaged in the legal practice with the attorney?

Certification: Yes  No   
Recertification Yes  No

- c. Reference forms be sent directly from the reference to your organization?

Certification: Yes  No   
Recertification Yes  No

- d. Objective evaluation by examination of the attorney's knowledge of the substantive and procedural law in the specialty field to which your organization proposes certification?

Certification: Yes  No   
Recertification Yes  No

- e. Peer review process be in compliance with ASCP Std. 4.02(G)?

Certification: Yes  No   
Recertification Yes  No

- f. Written examination be in compliance with ASCP Std. 4.02(H)?

Certification: Yes  No   
Recertification Yes  No

- g. The educational experience set forth in ASCP Std. 4.02(I)?

Certification: Yes  No   
Recertification Yes  No

- h. Evidence of good standing as required by ASCP Std. 4.02(J)?

Certification: Yes  No   
Recertification Yes  No

- i. Certified attorneys to be insured in an amount not less than \$500,000 per loss? Please attach documentation showing how the attorneys provide evidence of this requirement.

Certification: Yes  No   
Recertification Yes  No

- j. Certified attorneys demonstrate their ability to pay all claims that fall within the deductible amount selected by the attorney under the insurance policy? Please attach documentation showing how the attorneys provide evidence of this requirement.

|                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| Certification:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Recertification | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- k. Certified attorneys to be active and in good standing with the Supreme Court of Ohio and not have had their fitness to practice law questioned by virtue of disciplinary action in any other state?

|                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| Certification:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Recertification | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to 8(k), please explain the procedure you have developed to ensure that the attorneys are active and in good standing with the Supreme Court of Ohio. (Attach additional pages if necessary.)

If yes to 8(k), please explain the procedure you have developed to ensure that the attorneys' fitness to practice law is not in question by virtue of disciplinary action in any other state. (Attach additional pages if necessary.)

9. In addition, to the above stated information, does your organization require other criteria for an attorney to become certified or recertified?

10. What procedures does your organization follow to ensure that an attorney seeking certification is in compliance with Gov. Bar R. VI, X, XIV?

11. Describe your organization's funding sources (e.g. membership dues, grants, or other revenue sources, etc.).

12. What is the fee for an attorney to apply for certification and recertification by your organization?

\$      Certification  
\$      Recertification

13. List any commendations, recommendations, and other references your organization has received from law schools, accredited continuing legal education providers, bar associations, or other professional organizations since last reported in your previously filed applications or Annual Report

Form. You may attach supporting documents.

|  |
|--|
|  |
|--|

14. Has your organization been approved to certify attorneys in other states since last reported in your previously filed applications or Annual Reporting Form? If so, please list those states, the dates of certification in those states, and the number of attorney certified by your organization according to the state. (*If more than five, list on a separate sheet*).

| State | Number of Certified Attorneys | Area of Practice |
|-------|-------------------------------|------------------|
|       |                               |                  |
|       |                               |                  |
|       |                               |                  |
|       |                               |                  |
|       |                               |                  |

15. Since last reported in your previous filed applications or Annual Report Form, has your organization been accredited by the American Bar Association as a certifying body *in the specialty area* in which you are applying.

Yes  No

16. What is the total number of attorneys certified by your organization as of the date of this application?

17. What was the number of applications for certification processed for each of the last three years?

| Year | National Total | Ohio Total |
|------|----------------|------------|
| 20   |                |            |
| 20   |                |            |
| 20   |                |            |

18. What was the number of applications for certification approved for each of the last three years?

| Year | National Total | Ohio Total |
|------|----------------|------------|
| 20   |                |            |
| 20   |                |            |
| 20   |                |            |

19. What was the number of applications for certification disapproved for each of the last three years?

| Year | National Total | Ohio Total |
|------|----------------|------------|
| 20   |                |            |
| 20   |                |            |
| 20   |                |            |

20. What are the primary reasons applicants have been disapproved by your organization?

|  |
|--|
|  |
|--|

21. What processes and procedures are used in your certification process to ensure unbiased consideration of lawyers seeking certification?

**B. ORGANIZATION'S CERTIFICATION PROGRAM**

1. What is the length of the certification period under your organization's program?
2. Does your organization have an appellate process in place for attorneys who are refused or disapproved for certification?

Yes  No

If yes, please describe this process if it has changed since last reported in your previously filed applications or Annual Report Form. You may attach any necessary supporting documents.

3. Please describe your organization's program for recertification if it has changed since last reported in your previously filed applications or Annual Report Form. You may attach any necessary supporting documents.

4. Do you have a process for revocation of an attorney's certification?

Yes  No

If yes, please describe this process if it has changed since last reported in your previously filed applications or Annual Report Form. You may attach any necessary supporting documents.

5. Does your revocation process offer an appellate procedure to attorneys whose certification is revoked?

Yes  No

If yes to B (5), please describe this process if it has changed since last reported in your previously filed

applications or Annual Report Form.

### ***DISCLAIMER***

Certifying organizations and certified attorneys by their acceptance of accreditation and certification pursuant to such accreditation, expressly recognize and acknowledge that the Supreme Court of Ohio and the Commission on Certification of Attorneys as Specialists in the State of Ohio do not and shall not be construed to make any implied or expressed representation or warranty regarding the certifying process or the abilities of any attorney certified.

Responsibility, obligation and liability in any way arising from the certifying process or the certification or the failure of the integrity and ability of any attorney certified are expressly disclaimed by the Supreme Court of Ohio and the Commission on Certification of Attorneys as Specialists. The certifying organization and each attorney certified accept this disclaimer as a condition of accreditation and certification, respectively.

It is expressly understood and acknowledged that a specialist certified under Gov. Bar R. XIV may communicate the fact that he or she is certified by the certifying organization as a specialist in the field of law involved. However, a specialist shall not represent, expressly or impliedly, that he or she is certified by the Supreme Court or the Commission or by an entity other than the certifying organization. A specialist may represent that the certifying organization is approved by the Commission, but shall not represent that the certifying organization is approved by the Supreme Court of Ohio. Each certifying organization shall include this disclaimer as an integral part of the certification granted by it and shall require written acceptance thereof as a condition of granting certification to any attorney in the State of Ohio.

---

Signature of Applicant Organization's Representative

---

Date

---

Title

Gov. Bar R XIV of the Supreme Court of Ohio and the Standards for Accreditation of the Commission shall control your Application for Reaccreditation. This Application Form is not to be construed as changing or modifying the Governing Rules of the Court or the Standards of the Commission. Any additional information which is required or subsequently requested by the Commission or its staff must be submitted to the Commission promptly.

#### CONFIDENTIALITY

The contents of this Application and other pertinent information concerning your Application for Reaccreditation will be circulated to the Commission's staff, the members of the Commission, the staffs of their respective offices, and the Supreme Court of Ohio. Pursuant to Gov. Bar R. XIV, Section 7(D), your Application and other records of the Commission shall be public records, except copies of the actual or proposed written examinations shall be made available only in accordance with ASCP Std. 7.05 (B)(5).

#### VERIFICATION

I, (name), the (title), of (Organization Name), being duly authorized to make this application and this verification, declare that I have carefully read the foregoing application and certify that the information herein is true. I fully understand that failure to make a truthful disclosure of any fact or item of information required may result in the denial of this Application for Reaccreditation, or later revocation of this reaccreditation.

---

Signature of Applicant Organization's Representative

---

Date